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**UNITED STATES PATENT & TRADEMARK OFFICE**  
**Washington, D.C. 20231**

REQUEST FOR PATENT FEE REFUND			
1 Date of Request:	2 Serial/Patent #	10/517496	
3 Please refund the following fee(s):	4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
Filing for claim(s)			\$ 100
Amendment			\$
Extension of Time			\$
Notice of Appeal/Appeal			\$
Petition			\$
Issue			\$
Cert of Correction/Terminal Disc.			\$
Maintenance			\$
Assignment			\$
<input checked="" type="checkbox"/> Other Search			\$ 400
		7 TOTAL AMOUNT OF REFUND	\$ 500
8 TO BE REFUNDED BY:			
		Treasury Check	
		Credit Deposit A/C #:	
		9 12-0425	
10 REASON:			
Overpayment			
Duplicate Payment			
11 REFUND REQUESTED BY:			
TYPED/PRINTED NAME:		TITLE:	
SIGNATURE:		PHONE:	
OFFICE: ***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****			
APPROVED:		DATE:	

*Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:*